

ECU 1998 Rural Preventable Mortality Study

Case Review Checklist

Case No. _____

Reviewer _____

Check all INAPPROPRIATE items that apply:

PREHOSPITAL CARE

	Phase I	Phase II
1. Air Medical Transport Access	<input type="checkbox"/>	<input type="checkbox"/>
2. Airway Management	<input type="checkbox"/>	<input type="checkbox"/>
3. Oxygenation/Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
4. Bleeding Control	<input type="checkbox"/>	<input type="checkbox"/>
5. Fluid Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>
6. Unnecessary/Deleterious Medications	<input type="checkbox"/>	<input type="checkbox"/>
7. Fracture Stabilization	<input type="checkbox"/>	<input type="checkbox"/>
8. Use of MAST trousers	<input type="checkbox"/>	<input type="checkbox"/>
9. C-Spine Protection	<input type="checkbox"/>	<input type="checkbox"/>
10. Other	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY DEPARTMENT

Stabilization/Treatment

	Phase I	Phase II
11. Surgeon Notified	<input type="checkbox"/>	<input type="checkbox"/>
12. Airway Control	<input type="checkbox"/>	<input type="checkbox"/>
13. Oxygenation/Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
14. IV Access (i.e. delayed)	<input type="checkbox"/>	<input type="checkbox"/>
15. Unnecessary/Deleterious Medications	<input type="checkbox"/>	<input type="checkbox"/>
16. Fluid Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>
17. Use of Pressors	<input type="checkbox"/>	<input type="checkbox"/>
18. Use of MAST Trousers	<input type="checkbox"/>	<input type="checkbox"/>
19. Chest Injury Tx	<input type="checkbox"/>	<input type="checkbox"/>
30. Other	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis:

	Phase I	Phase II
21. Failure to use X-Ray/CT	<input type="checkbox"/>	<input type="checkbox"/>
22. Failure to use Peritoneal Lavage	<input type="checkbox"/>	<input type="checkbox"/>
23. Failure to Recognize Injury	<input type="checkbox"/>	<input type="checkbox"/>
24. Laboratory Test	<input type="checkbox"/>	<input type="checkbox"/>

OPERATIVE

	Phase I	Phase II
25. Inappropriate Operation	<input type="checkbox"/>	<input type="checkbox"/>
26. Delayed Surgery	<input type="checkbox"/>	<input type="checkbox"/>
27. Other	<input type="checkbox"/>	<input type="checkbox"/>

POST OP/POST ED CARE

	Phase I	Phase II
28. Oxygenation/Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
29. Treatment of Infections	<input type="checkbox"/>	<input type="checkbox"/>
30. Treatment of Re-bleeding	<input type="checkbox"/>	<input type="checkbox"/>
31. Unnecessary/Deleterious Medications	<input type="checkbox"/>	<input type="checkbox"/>
32. Fluid Management	<input type="checkbox"/>	<input type="checkbox"/>
33. Monitoring/Management of Head Injury	<input type="checkbox"/>	<input type="checkbox"/>
34. Ventilatory Care	<input type="checkbox"/>	<input type="checkbox"/>
35. Other	<input type="checkbox"/>	<input type="checkbox"/>

TIME

	Phase I	Phase II
36. Delay in EMS Response (> 15 mins.)	<input type="checkbox"/>	<input type="checkbox"/>
37. Excessive Scene Time (> 15 mins.)	<input type="checkbox"/>	<input type="checkbox"/>
38. Too Much Time in ED/X-Ray	<input type="checkbox"/>	<input type="checkbox"/>
39. Diagnostic Procedure Delay	<input type="checkbox"/>	<input type="checkbox"/>
40. Delay in Going to OR	<input type="checkbox"/>	<input type="checkbox"/>

UTILIZATION OF RESOURCES

	Phase I	Phase II
41. Prehospital Resources	<input type="checkbox"/>	<input type="checkbox"/>
42. Transportation Resources	<input type="checkbox"/>	<input type="checkbox"/>
43. Resuscitation Effort Excessive	<input type="checkbox"/>	<input type="checkbox"/>
44. Diagnostic Resources	<input type="checkbox"/>	<input type="checkbox"/>
45. Surgical Resources	<input type="checkbox"/>	<input type="checkbox"/>
46. Other	<input type="checkbox"/>	<input type="checkbox"/>

CAUSE OF DEATH/PREVENTABILITY

A. For deaths within 48 hrs., the Primary?

Cause of death was due to (check one):

47. Airway/Respiratory	<input type="checkbox"/>
48. CNS Injury	<input type="checkbox"/>
49. Exsanguination (includes burns)	<input type="checkbox"/>
50. Indeterminant	<input type="checkbox"/>
51. Pre-existing Condition	<input type="checkbox"/>
52. Other	<input type="checkbox"/>

B. For deaths after 48 hrs., the Primary?

Cause of death was due to (check one):

53. Airway/Respiratory	<input type="checkbox"/>
54. Hemorrhage	<input type="checkbox"/>
55. Sepsis/Infection	<input type="checkbox"/>
56. CNS Injury	<input type="checkbox"/>
57. Indeterminant	<input type="checkbox"/>
58. Renal Failure	<input type="checkbox"/>
59. Other	<input type="checkbox"/>

C. Death was (check one):

60. Preventable	<input type="checkbox"/>
Care Appropriate	<input type="checkbox"/>
Care Inappropriate	<input type="checkbox"/>
61. Possibly Preventable	<input type="checkbox"/>
Care Appropriate	<input type="checkbox"/>
Care Inappropriate	<input type="checkbox"/>
62. Non-Preventable	<input type="checkbox"/>
Care Appropriate	<input type="checkbox"/>
Care Inappropriate	<input type="checkbox"/>

D. Phase responsible for Inappropriate Care (check all that apply):

63. Prehospital	<input type="checkbox"/>
64. ED	<input type="checkbox"/>
65. OR	<input type="checkbox"/>
66. ICU	<input type="checkbox"/>
67. Floor	<input type="checkbox"/>